

DBHDS

Virginia Department of
Behavioral Health and
Developmental Services

Update on Implementation of DOJ Settlement Agreement and Training Center Closures

Senate Finance Committee
October 17, 2013

James W. Stewart, III.
Commissioner

Virginia Department of Behavioral
Health and Developmental Services

February 2011 DOJ Findings

Finding 1

Virginia does not provide services in the most integrated and appropriate setting

Finding 2

Virginia is not developing a sufficient quantity of community services

Finding 3

Virginia has a flawed discharge process at training centers

Four Main Areas of Settlement Agreement

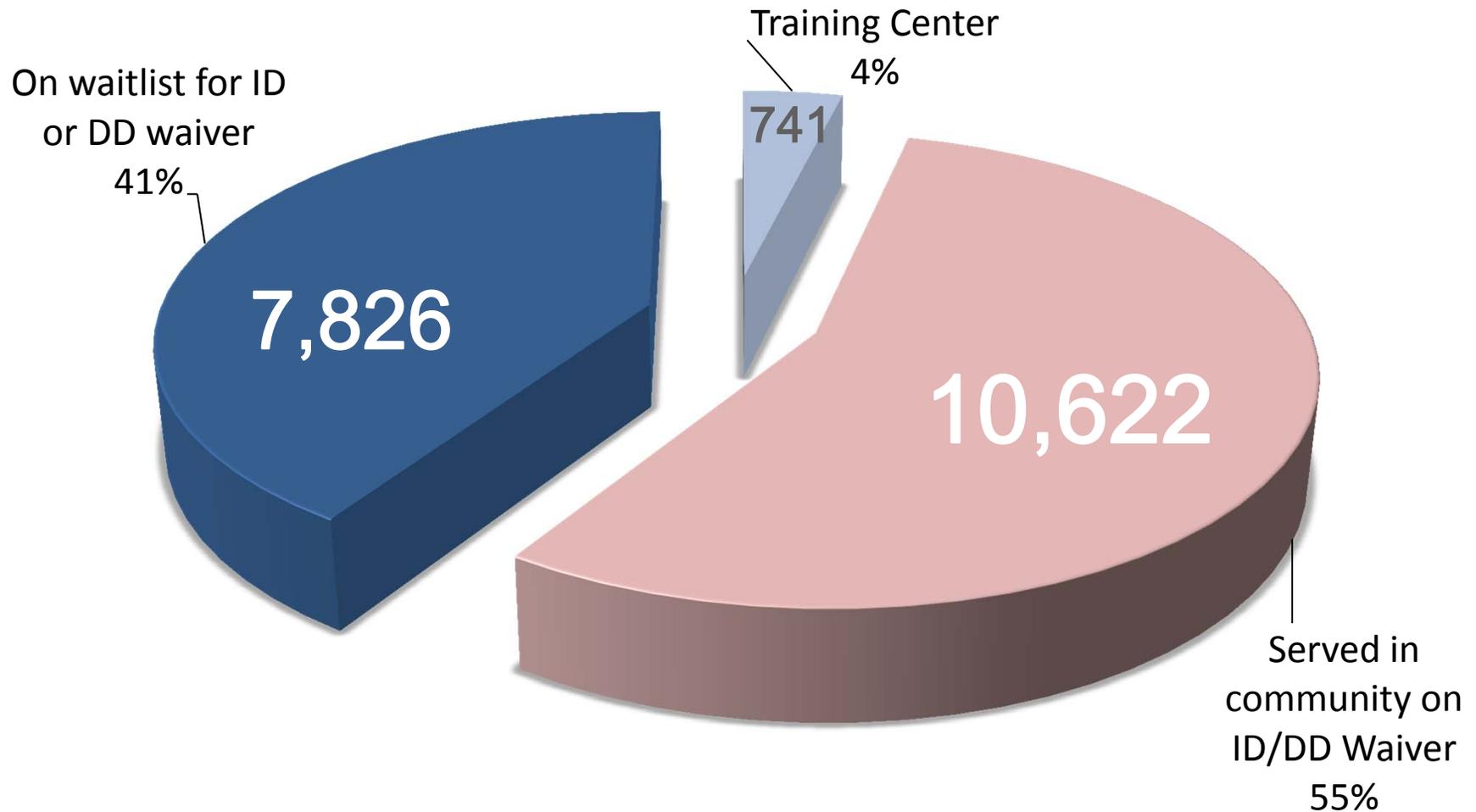
Serving individuals with DD in the most integrated setting and building quality community-based alternatives for individuals, particularly individuals with complex needs

Transitions from training centers

Quality and risk management system, including monitoring and evaluating services, and implementing quality improvement processes at an individual, provider, and state-wide level

Supporting independent housing and employment options for individuals with DD

Individuals Served By Virginia's Developmental Disability System



DOJ Requirement for Discharge Planning from Training Centers

- A consistent discharge process was developed for all training centers in 2011.
- Discharge plans in place for all training center individuals.
- Pre- and post-move monitoring processes in place.

101	Individuals transitioned to the community in FY 2012
155	Individuals transitioned to the community in FY 2013
47	Individuals transitioned to the community in FY 2014 to date
341	Families currently actively discussing discharge

Virginia's Five Training Centers

October 8, 2013

Name	2000 Census	March 2010	June 2011	June 2012	October 2013	% Decrease 2000 - Present
Southside (SVTC) Closure date: 2014	465	267	242	197	87	81%
Northern (NVTC) Closure date: 2015	189	170	157	153	126	33%
Southwestern (SWVTC) Closure date: 2018	218	192	181	173	152	30%
Central (CVTC) Closure date: 2020	679	426	381	342	295	57%
Southeastern (SEVTC) Remains open at 75 beds	194	143	124	104	81	58%
TOTAL	1,745	1,198	1,085	969	741	58%

Moves to Community Homes July 1, 2012 – Present

Training Center	Number of Moves
SVTC	106
NVTC	22
SWVTC	19
CVTC	32
SEVTC	23
TOTAL	202

Types of Community Homes Chosen July 1, 2012 – October 8, 2013

Training Center	Group Home	Sponsored Residential	Intermediate Care Facility	Nursing Facility	Family Home
SVTC	93	1	1	10	0
NVTC	20	1	1	0	0
SWVTC	3	15	0	0	1
CVTC	17	5	9	1	1
SEVTC	3	0	18	2	0
TOTAL	136	22	29	13	2

Discharge Process

Week	Process Step
1	Initial Pre-Move Meeting with Individual, Authorized Representative (AR), and Personal Support Team (treating professionals at the training center and the CSB case manager)
2	Individual, AR, CSB reviews potential residential and employment/day support providers that could meet individual's essential support needs
3-5	Pre-tour requests and Provider tours of potential providers
6	Provider Pre-Move Meeting
7-8	Day and Evening Visits
9	Provider Training and Overnight Visits
10	Final Pre-Move Meeting
11-12	Preparation for Moving and Moving
12 +	Post-Move Monitoring

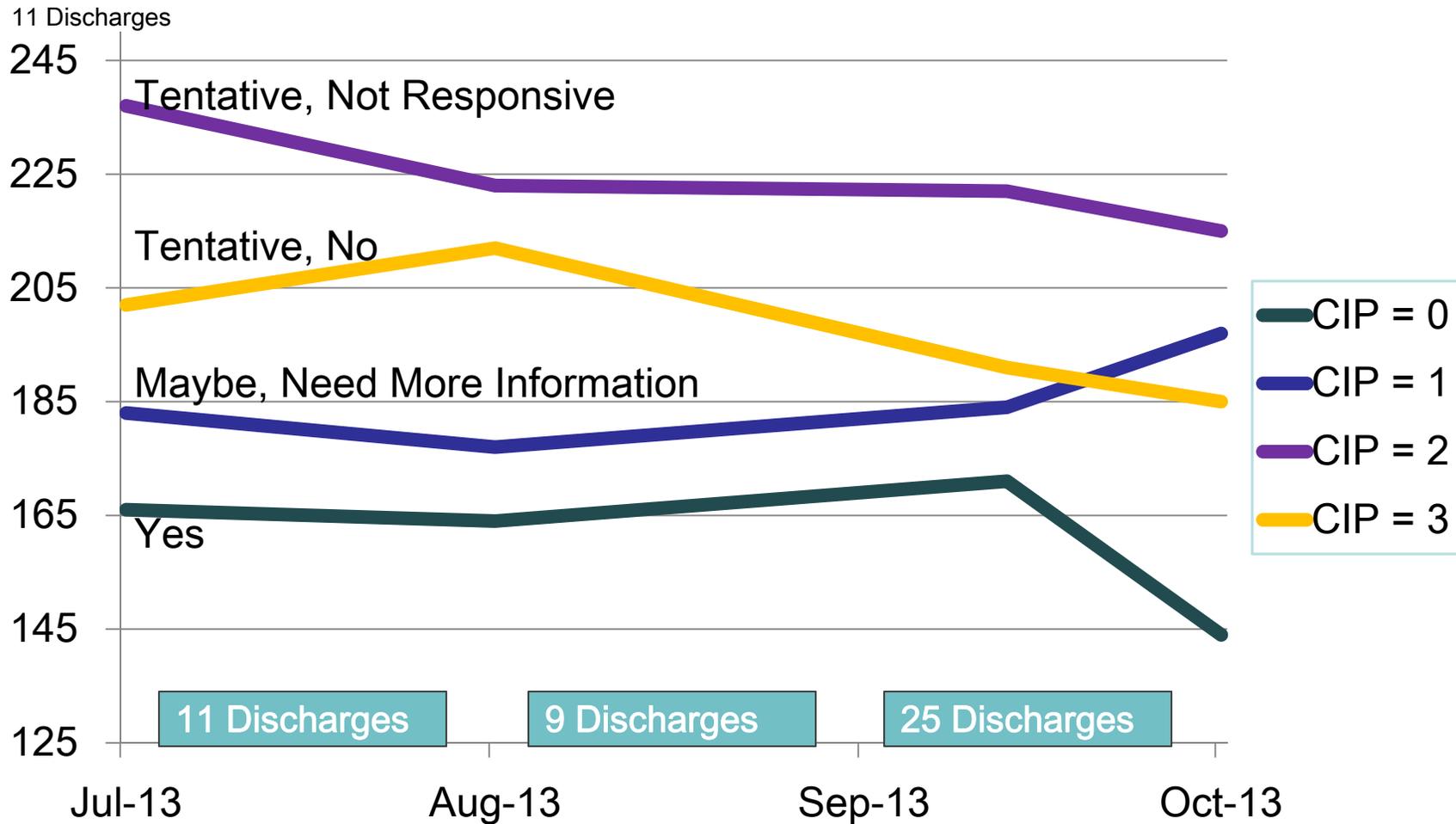
Community Integration Preference Score Definitions

Yes	0	No reluctance to community living, already in process at the ARs request or has chosen a home.
Need More Information	1	Small amount of reluctance, however is willing to tour, receive education and will call back if contacted.
Tentative, Not Responsive	2	Apprehensive, difficult to stay in contact with, may communicate with a select few TC or CSB staff; does not want community placement; however ,may be able to persuade to tour with additional supports (to include family mentoring, FRC referral, etc)
Tentative, No	3	Opposes community integration, refuses to tour or have conversations regarding further education about the process or community options; will not return phone calls to CSB or TC staff, and/or has chosen TC placement and will not entertain further conversations on the matter.

Community Integration Preference Score

	CIP Score 0 (Yes)	CIP Score 1 (Need More Information)	CIP Score 2 (Tentative, Not Responsive)	CIP Score 3 (Tentative, No)	TOTAL
SVTC	48	14	10	15	87
NVTC	36	46	40	4	126
SWVTC	9	60	52	31	152
CVTC	44	62	79	110	295
SEVTC	7	15	34	25	81
TOTAL	144	197	215	185	741

CIP Score: July – October 2013



Readiness for Transition Regional Variation

- **Tidewater region** – Residential capacity expansion has enabled SEVTC to downsize successfully
- **Capital area region** – Availability of excess licensed residential capacity in region has resulted in meeting census reductions targets at SVTC
- **Northern Virginia region** – Limited capacity for residential and day support services and high service/development cost has slowed NVTC transitions to community significantly
- **Southwest region** – Availability of sponsored residential capacity has enabled SWVTC downsizing to remain on target; limited availability of licensed congregate care will slow progress in future
- **CVTC (serves statewide)** – Residential capacity expansion has facilitated significant transition

Assuring Provider Capacity

- **Statewide Action Steps**
 - Maximizing current Medicaid waiver program
 - Exceptional rates - Earliest implementation Feb 2014 due to pending CMS and regulatory review
 - Waiver structure/rate study – Earliest implementation July 2014
- **Additional Northern Virginia Action Steps**
 - Bridge funding
 - \$3.2M available in FY14 for individuals moving from NVTC
 - Supports directly to providers for: 24 hour nursing, 24 hour behavioral support, environmental modifications, assistive technology, durable medical equipment, room and board
 - DBHDS committed to taking these actions and re-evaluating provider capacity during the Spring 2014

DOJ-Required Medicaid Waiver Slots

Virginia will create 4,170 waiver slots by June 30, 2021:

State Fiscal Year	Individuals in Training Centers to Transition to the Community	ID Waiver Slots for Individuals on Urgent Wait List	DD Waiver Slots for Individuals on Wait List
2012 ¹	60	275	150
2013	160	225*	25**
2014	160	225*	25**
2015	90	250*	25**
2016	85	275	25
2017	90	300	25
2018	90	325	25
2019	35	325	25
2020	35	355	50
2021	0	360	75
Total	805	2915	450

1. These FY2012 slots have already been funded and assigned to individuals.

*25 slots each year are prioritized for individuals less than 22 years who reside in nursing homes or large ICFs.

**15 slots each year are prioritized for individuals less than 22 years who reside in homes or large ICFs.

Additional Waiver Slots

Over this biennium, the General Assembly has provided Intellectual Disability (ID) and Developmental Disability (DD) waiver slots in addition to those required by the settlement agreement, including:

425	additional community intellectual disability (ID) waiver slots
130	additional developmental disability (DD) waiver slots

Program Elements of Settlement Agreement

Individual & Family Support Program	<ul style="list-style-type: none">-Initiated in 2013, provides up to \$3000 to individuals/families-Provided support to 1800 families in FY13-Average award was \$1,200-More than 1000 families to receive funding in FY14
Crisis Services	<ul style="list-style-type: none">-Required to develop 24/7 mobile crisis intervention supports for adults and children with ID/DD-Required to develop crisis stabilization units for same population-Implementation began in FY12, now serving over 700 clients-\$10M in FY14 to continue development
Housing	<ul style="list-style-type: none">-Required to develop a plan to increase independent living options-\$800,000 one-time funds for a rental assistance pilot, begins October 2013 in Fairfax and Virginia Beach for 20 individuals
Employment	<ul style="list-style-type: none">-Required to develop a plan to increase individual and group supported employment options and measure improvement

Quality Management/Oversight & Settlement Agreement

Licensing	<ul style="list-style-type: none"> -Increased licensing specialists from 19 to 35 -Provide additional oversight visits for those individuals and providers that are high risk -Addressing the quality and consistency of licensure inspections
Case Management	<ul style="list-style-type: none"> -CSB and DD case managers must provide enhanced visits to high risk individuals, including those who have left training centers -Seven training modules provided for case managers -Case managers will provide individual-level data which will be aggregated for regional and statewide information
Oversight Committees	<ul style="list-style-type: none"> -DBHDS Quality Improvement Comm. and 5 Regional Quality Councils examine data monthly/establish quality improvement outcomes -Mortality Review Comm. meets monthly to review all deaths, identify patterns, trends, and recommends actions to prevent future deaths
Data Collection	<ul style="list-style-type: none"> -Settlement Agreement requires collection of measures in 8 domains related to health, safety, wellness, community inclusion, employment, housing, crises intervention, stability, and other areas

Summary of the 10 Year DOJ Settlement Agreement

	Initial Projections	Current Projections
Total Cost ¹	\$2.4 Billion	\$2.47 Billion
GF Share of the Cost	\$1.2 Billion	\$1.23 Billion
GF savings and offsets ²	\$826.9 Million	\$799.06 Million
<u>New</u> GF required ³	\$387.7 Million	\$434.33 Million

¹ Includes total state and federal costs to implement the settlement including ID/DD waivers, crisis management, family support, facility transition waivers, administration, monitoring, quality management systems, and facility closure costs.

² Includes facility savings, appropriations that were in place in FY 2012 before the Trust Fund was established (base funding) and \$60 million in Trust Funds that were provided in fiscal years 2012 and 2013.

³ Current projections reflect actions by 2013 General Assembly session which added \$30.4M in adult crisis funds and \$10M in children's crisis funding over nine years.

Settlement Agreement Budget Assumptions

Key Assumptions

- Employee separation costs initially lessen savings available for community programs. It takes up to 12 months after a training center closes before full year savings can be achieved.
- Savings are not maximized until an entire building, unit, or training center is closed because fixed costs such as utilities, maintenance, and security will be required until the entire building, unit, or Training Center is closed.
- Even after a training center closes, there will be some costs for minimal maintenance and security. The projected long-term maintenance costs for FY 2014 are \$156K.

DOJ Funding & Expenditures
FY 2012 – FY 2021
(Dollars in Millions)

HANDOUT

Trust Fund

- Item 314 C. of the 2013 Appropriation Act authorizes DBHDS to deposit the entire proceeds of the sales of surplus land at state-owned behavioral health and intellectual disability facilities into a revolving trust fund to be used for expenses associated with restructuring such facilities, continuing services for current patients as facility services are restructured and to enhance services to individuals.
- Current fund has a balance of \$28,705
 - Land sales at Piedmont Geriatric Hospital and Catawba
- Expected Future Deposits
 - 74.8 acres of SEVTC site already up for sale
 - 25 acres of CSH/SVTC (more will be declared surplus)
 - 84.99 acres of land at NVTC
 - 409.9 acres of surplus land at ESH

Lessons Learned & Moving Forward

- Community capacity building must continue
- Families, CSBs, and providers must continue to be part of implementation
- Medicaid waiver changes are critical for long-term success
- Must continue to support oversight and monitoring in the community and at training centers
- Employee retention bonus plans should be put in place two years from anticipated closure dates
- Sales of surplus properties can enable capacity building
- Some flexibility is required to keep in step with changes over time